IndiaFirst
LIFE INSURANCE

A Joint Venture of
Bank of Baroda Legal & General Andhra Bank

CENTRAL NERVOUS SYSTEM QUESTIONNAIRE

[To be filled by the medical examiner]

Application No: ☐☐☐☐☐☐☐☐☐☐

Name of life to be assured: FIRST LAST

1. Is there any evidence of menta l retardation? Yes ☐ No ☐
2. Is there any evidence of past or present Neurological disease? Yes ☐ No ☐
   If so give your clinical Diagnosis and abnormal physical finding.
3. Are there any investigations you consider Absolutely necessary for arriving at a diagnosis Yes ☐ No ☐
4. Is there any disability? If so, give details. Yes ☐ No ☐
5. If your diagnosis is Parkinson's disease, is the Person capable of day to day self-ca re activities? Yes ☐ No ☐
   If no, please give details of deficits.

I hereby agree that the forgoing questions and answers shall form pa rt of the proposal for insurance made by me to the Company.

Signature of the life to be assured/Proposer

Signature of Medical Examiner with Code No

Date: D D M M Y Y Y Y

Place:

IndiaFirst Life Insurance Company Ltd.,
301, 'B' Wing, The Qube, Infinity Park, Dindoshi - Film City Road,
Malad (East), Mumbai - 400 097, CIN: U66010MH2008PLC183679.

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